



Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental and
Risk Analysis
Services, Unit 149

4700 River Road
Riverdale, MD
20737

May 1, 2014

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect incidents dated December 2013 and January and February 2014 for the reporting period ending April 30, 2014**

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

<u>Incident Category</u>	<u>No. of Incidents</u>
W-B	2
D-A	4

Details of the incidents (involving the deaths of four domestic dogs, one feral dog, and one golden eagle) can be found in the enclosures.

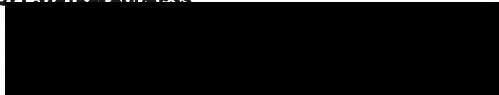
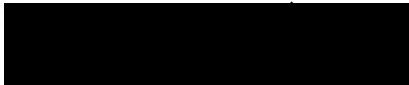
Please direct any questions pertaining to this adverse incident report to Ann Nasr at (301) 851-3099 or e-mail ann.m.nasr@aphis.usda.gov.

Sincerely,

David S. Reinhold
Chief, Environmental and Risk Analysis Services

Enclosures (6)

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

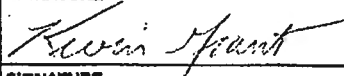
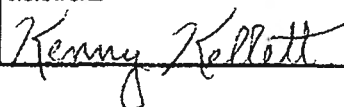
INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 12/18/13	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 12/18/13	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Dale Miller	TELEPHONE NUMBER (918) 340-4765	CONTACT NAME (If Non-APHIS or different from reporter) Kenny Kelleth	TELEPHONE NUMBER (918) 370-1223	
DUTY STATION ADDRESS 		ADDRESS 		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY N/A	STATE OK	COUNTY Mayes	<input type="checkbox"/> Self <input type="checkbox"/> Media <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Oral Report <input type="checkbox"/> Letter <input checked="" type="checkbox"/> Other Investigative Report	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) Oral				
INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) Rural Cattle Pasture		SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applic. equipment, during manufacturing/formulation) Coyote Damage Management		
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 capsule	ACTIVE INGREDIENT Sodium Cyanide		
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

attached

NAME OF PREPARER Kevin Grant	SIGNATURE 	TELEPHONE NUMBER (405) 521-4039	DATE 1/7/14
NAME OF SUPERVISOR Kenny Kelleth	SIGNATURE 	TELEPHONE NUMBER (918) 370-1223	DATE 1/7/14

WS FORM 160 (2007)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OF ACRES AFFECTED
SPECIES COMMON NAME Dog		BREED (if known) Greyhound	

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog was found on a property where M-44 devices were legally placed. The cause of death was not readily determined after dog was exhumed.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

At a later date, the dog was necropsied at OK State University Vet. Lab. No external evidence was found in the mouth area; however, orange coloring consistent with M-44 capsule dye marker was indicated in the esophagus/trachea area.

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

1 capsule @ 1g/capsule

WAS PREBAITING USED ON THE SITE (Describe)

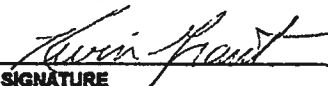
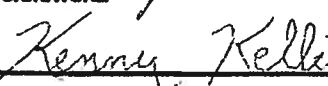
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 device was placed in a cattle pasture for coyote damage management. The neighbor across the road allowed dogs to roam at large. One of the dogs apparently discharged a device when it trespassed onto the pasture.

ADDITIONAL FACTORS

Incident was personally investigated by a WS Supervisor and a Pesticide Inspector from the OK Dept of Agriculture, Food, and Forestry, Consumer Protection Division. The investigation concluded that the pesticide label, 26 Use Restrictions, WS policies, and State law were all followed.

NAME OF PREPARER Kevin Grant	SIGNATURE 	DATE 1/7/14
NAME OF SUPERVISOR Kenny Kelleth	SIGNATURE 	DATE 1/7/14



United States
Department of
Agriculture

Subject: [REDACTED] Complaint

Date: December 20, 2013

Marketing and
Regulatory
Programs

To: Kevin Grant

Animal and
Plant Health
Inspection
Service

As per your request I have reviewed the [REDACTED] complaint on M-44 (sodium cyanide) on [REDACTED] property on December 18th, 2013. The results of my review are stated below.

Wildlife
Services

A total of 8 M-44 was on the [REDACTED] Property at the time of my arrival on December 19th, 2013. Bilingual warning signs were present at the only entrance, each corner of the property as well as elevated warning signs within 25 feet of each individual m-44 device. WS Directive 2.201; WS Directive 2.401; WS Directive 2.210 and The 26 M-44 Use Restrictions were in compliance.

Southeast District
Office

David C. Dudley
HC 67 Box 900
Antlers Ok 74523

(580) 298-3817

[REDACTED] reported to Oklahoma Dept. Of Agriculture Consumer Protection Service that her dog that appeared to be a greyhound was killed by poison that USDA had put out across the county road of her house, She also reported that not all of the signs was present until that evening of December 18th after her husband came home from work around 4:30. She stated to me and the Agriculture Field Inspector Jeremy McReynolds that the only sign that was present at the time she found her dog on the north side of the entrance and was tied to the gate with a zip tie or a red ribbon she said someone had put signs up between that time and the time her husband came home at 4:30. I have met with her and her husband and found much conflicting evidence to their story. The husband said the dog was found dead 50 feet from the M-44 unit and later said it was 100 yards from the unit. [REDACTED] said that she was the only person on the property and then said her husband was also on the property. The husband said if he was warned there was going to be poison in the area that he would had put his dogs up to prevented this but yet they still have two dogs roaming at free will. He also said the dog had been buried on his work property by a co-worker and he had to go dig it up for us but there was no mud or dirt on the dog. The dog had no blaze-orange marker particles in or around the mouth. Also it appeared the dog had been bleeding from the mouth like they was some type of damage inside the dogs cavity. This type of death is not consistent with sodium cyanide.

On December 18th, I received the call from you at 4:45 pm. that there was a complaint in Mayes co. and at 4:47 pm. I called Dale Miller and left a message on his cell phone to call me back, I did not speak to Dale about the complaint until 9:39 am on the 19th. Wildlife Specialist that Works Mayes county was off on sick leave of the 18th, evidence that prove this can be found in his field diary.

Personal privacy information



United States Department of Agriculture
Animal and Plant Health Inspection Service

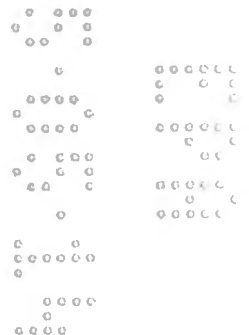
Safeguarding American Agriculture

Dale's field diary has daily events for each day as well as start and stop time and ending mileage of the day. When I talked to Dale on the 19th and found out that he was on sick leave for the 18th, I Told him to drive to the [REDACTED] property and see if he had any M-44 pull's and find the dog in question. He later call me back and told me that he had pulls on his units but was unable to find any dog or coyotes. He also told me that someone had the gate entrance block and he didn't feel safe to exit the property to meet me. I then told him to stay where he was at until I arrived at the property. When the vehicle moved to where Dale could exit the property he left and met me at Wal-Mart on the north parking lot at Pryor at 12:30pm. I look at Dale's field diary and he had the 18th as a sick leave. I then looked at his ending mileage for the 17th, which were 136469 his present reading that was 136510 that told me his ending mileage for 17th, and his present miles for the 19th, was the difference of 41 miles. I later googled the distance from Dale's house were his vehicle is kept to Pryor Wal-Mart and distance was 31.6 miles. I will attach 17th, ending mileage. Keep in mind that he didn't drive a straight distance from his house to Pryor he went to [REDACTED] property looking for units pulled and a dead dog.

With this and his records that he showed on his field diary that I will attach to this letter on December 9th, and December 13th, that stats that he was on the property posting signs and 3 different statements from individuals that clearly says sign was posted on the property days before M-44 were set on this property.

Respectfully submitted,

Kenneth. L. Kellett Jr.
Northeast District Supervisor



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 01/28/2014	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 01/28/2014	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Michael Halstead		TELEPHONE NUMBER 701-584-2116	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 407 South Main Street Elgin, ND 58533			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Selfridge	STATE ND	COUNTY Sioux	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS Data	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Rangeland/Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] M-44 device activated by non-target species - Domestic Dog
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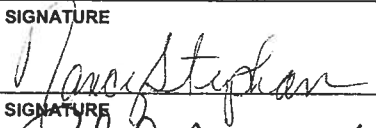
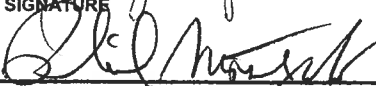
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 02/24/2014
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 02/24/2014

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

BREED (If known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Domestic Dog was killed after activating a M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.

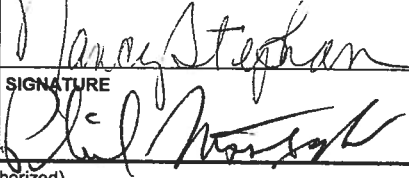
ADDITIONAL FACTORS

At the request of the landowner we have used M-44's for the past 3 years as an aid to calf depredation (longer if you count work done by the previous specialist). The landowners were fully aware of the dangers to domestic dogs and were fully supportive of their use. Unfortunately their dogs got away from them on one occasion and one dog did not return.

NAME OF PREPARER

Nancy Stephan

SIGNATURE



DATE

02/24/2014

NAME OF SUPERVISOR

Phil Mastrangelo

SIGNATURE



DATE

02/24/2014

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE WB	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 01/29/2014	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 01/29/2014	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Scott Evens		TELEPHONE NUMBER 701-728-6623	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 930 59th Street North Granville, ND 58741			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Towner	STATE ND	COUNTY McHenry	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS Data	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44 device activated by non-target species - Feral Dog

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE <i>Nancy Stephan</i>	TELEPHONE NUMBER 701-250-4405	DATE 02/24/2014
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE <i>Phil Mastrangelo</i>	TELEPHONE NUMBER 701-250-4405	DATE 02/24/2014

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME Feral Dog	BREED (If known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Feral Dog was killed after activating a M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

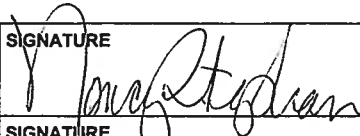

1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.

ADDITIONAL FACTORS

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 02/24/2014
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 02/24/2014

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 2/10/2014	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		

EMPLOYEE NAME (To contact for additional information) <i>Gary McEwen</i>	TELEPHONE NUMBER <i>979/845-6201</i>	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
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DUTY STATION ADDRESS <i>P.O. Box 604 Bryan, TX 77806</i>	ADDRESS
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INCIDENT LOCATION			SOURCE OF INFORMATION		
CITY <i>Shiner</i>	STATE <i>Tx</i>	COUNTY <i>Lavaca</i>	<input type="checkbox"/> Self	<input checked="" type="checkbox"/> Telephone Call	<input type="checkbox"/> Letter
			<input type="checkbox"/> Media	<input type="checkbox"/> Oral Report	<input type="checkbox"/> Other

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)
dog pulled M-44 device placed for coyote depredation of calves

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)
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Pasture - Private Land *application*

EPA REGISTRATION NUMBER <i>56228-15</i>	PRODUCT NAME <i>M-44 cyanide capsules</i>	ACTIVE INGREDIENT <i>sodium cyanide</i>
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) <i>91.06%</i>	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

dog pulled M-44 device placed for coyote depredation of calves

NAME OF PREPARER <i>Gary McEwen</i>	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER <i>979/845-6201</i>	DATE <i>2/10/2014</i>
NAME OF SUPERVISOR <i>Michael Bodenchuk</i>	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER <i>210/472-5451</i>	DATE <i>2/13/14</i>

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bld ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

domestic dog

BREED (if known)

mixed

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

dead dog

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

exact location of device

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

M-44 placed in accordance with use restrictions

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

pasture (improved pasture) M-44's placed for coyote depredation of calves.

ADDITIONAL FACTORS

NAME OF PREPARER

Gary McEwen

SIGNATURE

Gary McEwen

DATE

2/11/2014

NAME OF SUPERVISOR

Michael Badenoch

SIGNATURE

Michael Badenoch

DATE

2/13/14



-005

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Wildlife Services

105 B Ponderosa
Christiansburg, VA
24073

(540)381-7387
(540)381-7359 fax

February 11, 2014

Subject: Golden eagle take with M44
To: Memo to file

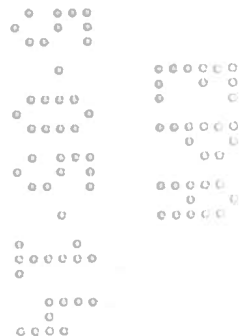
WS Stacey Coggins called the district office the afternoon of February 7, 2014 to report that he had found an eagle and that a M44 device roughly 60 yards away had been pulled. I immediately called the state office and reported the incident to SD Barras. SD Barras instructed me to schedule a site visit/inspection and to contact the USFWS in Richmond. I spoke to USFWS and made tentative arrangements to transfer the eagle.

WS Coggins identified/confirmed that this was a golden eagle when he returned to his duty station later that day. WS Coggins and I met the morning of February 8 to conduct the site inspection. WS Coggins followed all directives/policies to perform work on this property. M44s were set in accordance with all 26 use restrictions. M44s on this property were baited with a commercially available meat based lure. The farm has a long history of predation and was currently being worked preventatively as sheep are brought into the area in the spring. The M44s were set on January 15, and were not checked until February 7. The lapse in normal routine checks was due to adverse weather conditions which caused the site to be inaccessible.

The eagle was found 58 paces from the M44 device directly under a large tree. The eagle was found on its back, wings tucked in. There was no visible orange marker present anywhere on the bird. However, upon further investigation using a black light we determined that the eagle did have traces of orange marker present.

Arrangements were made to transfer the eagle to the USFWS the week of February 16.

Chad Fox
District Supervisor



APHIS Safeguarding American Agriculture



APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer


U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

Amended

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 7 Feb 14	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 7 Feb 14	<input type="checkbox"/> Update		

EMPLOYEE NAME (To contact for additional information) Stacey T Coggins	TELEPHONE NUMBER 540-292-6338	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
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DUTY STATION ADDRESS 	ADDRESS
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INCIDENT LOCATION			SOURCE OF INFORMATION		
CITY Criders	STATE VA	COUNTY Rockingham	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Letter
			<input type="checkbox"/> Media	<input type="checkbox"/> Oral Report	<input type="checkbox"/> Other

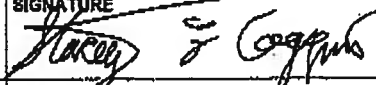

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)
Golden Eagle taken with M-44

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) Pasture field used to graze sheep in spring and summer.	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation) situation happened during requested predator control work.
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Cyanide Capsule	ACTIVE INGREDIENT Sodium Cyanide
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)
☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)
When the M-44 device was checked, it was found to be fired. A golden eagle was found under a tree about 58 yds away. No cyanide powder was found on the animal or in the mouth, but it is assumed it fired the M-44, because of proximity and the fact that no other animal was found.

NAME OF PREPARER Stacey T Coggins	SIGNATURE 	TELEPHONE NUMBER 540-292-6338	DATE 7 Feb 14
NAME OF SUPERVISOR Chad Fox	SIGNATURE 	TELEPHONE NUMBER 540-381-7387	DATE 2/8/14

Personal privacy information

Amended

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☒ Bird ☐ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☒ Wild

NUMBER OR ACRES AFFECTED

1

SPECIES COMMON NAME

Golden Eagle

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Eagle was found dead in proximity (58 yds or so) of fired M-44 device. Eagle was found beneath a large tree and appeared as if it had fallen out of the tree.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

CF 2/11/14

*black light confirmed orange marker present on mouth.

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

1 Eagle

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

M-44 device containing 1 capsule of 91.06% sodium cyanide. Commercial meat-based bait used on device.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Habitat is a pasture field on top of a mountain that is used to graze sheep in spring & summer. Field is very open, with only 3 or 4 trees in it. Incident occurred during requested predator control work.

ADDITIONAL FACTORS

Incident could have happened between Jan 15 - Feb 7. Road conditions prohibited routine checks and day of inspection roads were still bad but pass. G. Eagle was 58 yards from device and found under a large tree. Set was within 26 use restrictions. Evidence suggests it was just as unlikely as likely that the G. eagle pulled M44. No way for a field confirmation. *See above

NAME OF PREPARER

Stacey T Coggins

SIGNATURE

Stacey T Coggins

DATE

7 Feb 14

NAME OF SUPERVISOR

Chad Fox

SIGNATURE

Chad Fox

DATE

2/8/14

WS FORM 160B-R (June 88)

(Local Reproduction Authorized)

Amman

25. DESCRIPTION OF CONTROL SITE (nearest residence, road, cooperation boundary line)

Secluded spot on mountain top. Not close to boundary.

26. WAS CONTROL IN COMPLETE COMPLIANCE WITH REGULATIONS AND GOOD JUDGEMENT? (Signs, Program Policy, State/Federal law)

Yes

27. DESCRIBE HOW ANIMAL MADE CONTACT WITH CONTROL TOOL

Possibly Pulled M-44 trying to Scavenge.

28. WAS OWNER WITH ANIMALS AT TIME OF CONTACT WITH CONTROL TOOL?

☐ Yes

☒ No

N/A

29. DESCRIBE EVIDENCE AT SCENE THAT SUPPORTS OR REFUTES POSSIBLE CLAIM OF NEGLIGENCE

Equipment was set in accordance w/ 26 use restrictions.

30. EMPLOYEE COMMENTS (attach additional page if necessary)

It is just as unlikely as it is likely that the Golden Eagle pulled the M-44.

31. SIGNATURE OF EMPLOYEE

Stacey Coggins

32. DATE

7 Feb 14

33. SUPERVISOR/INVESTIGATING OFFICER COMMENTS (attach additional page if necessary)

M44 was set in accordance w/ use restrictions. Farm has long history of coyote predation. Golden eagle was 58 yards from a fired m44 device, appeared as if it had fallen out of a larger tree. Lacking a way to prove the eagle fired m44 it is possible the eagle died naturally just as much as it was likely to have fired the m44. Upon further investigation using a black light orange marker was present in trace amounts around mouth of eagle. 2/11/14 CF

34. SIGNATURE OF INVESTIGATING OFFICER

35. DATE

36. SIGNATURE OF SUPERVISOR

37. DATE

Stacey Coggins

2/11/14

Chad Fox

2/8/14

ADC FORM 35 (Reverse)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 02/18/2014	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 02/18/2014	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Michael Halstead		TELEPHONE NUMBER 701-584-2116	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 407 South Main Street Elgin, ND 58533			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Selfridge	STATE ND	COUNTY Sioux	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS Data	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44 device activated by non-target species - Domestic Dog

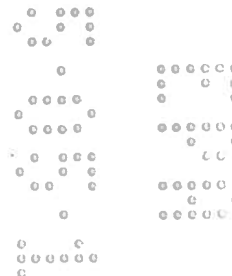
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.



NAME OF PREPARER Nancy Stephan	SIGNATURE <i>Nancy Stephan</i>	TELEPHONE NUMBER 701-250-4405	DATE 02/24/2014
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE <i>Phil Mastrangelo</i>	TELEPHONE NUMBER 701-250-4405	DATE 02/24/2014

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild
SPECIES COMMON NAME		NUMBER OR ACRES AFFECTED
BREED (If known)		

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Domestic Dog was killed after activating a M-44 device.

N. Spurling (USEPA) confirmed with A. Nasr on 5/14/2014 that this was truly a domestic dog incident.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.

ADDITIONAL FACTORS

The landowner and his hired hand knew the exact location of the M-44's, his hired hand was instructed not to let the dog out while feeding the cows, but when he went to cut the bale wrap the hired hand left the door to the tractor open and when he turned around the dog was laying dead by the tractor. The landowner wants us to continue using M-44's for coyote control, furthermore he does not put any blame on Wildlife Services. We have used M-44's on this property regularly and the risks were very well known.

NAME OF PREPARER Nancy Stephan	SIGNATURE <i>Nancy Stephan</i>	DATE 02/24/2014
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE <i>Phil Mastrangelo</i>	DATE 02/24/2014